

A Comparative Study of Internalizing and Externalizing Problems of Orphan and Non-Orphan Adolescents

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Orphans are vulnerable to various stressors of life. The purpose of the present study is to compare the internalizing (i.e., depression & loneliness) and externalizing (i.e., aggression) behaviors of orphans and non-orphans. Socio-demographic differences in gender, family socio-economic status, and residential area are also examined. The sample consisted of orphans ($n = 150$) and non-orphans ($n = 150$) between 12-18 years who were purposively selected from orphanages and schools in district Haripur, respectively. Data were collected on the Beck Depression Inventory, the UCLA Loneliness Scale, and the Buss-Perry Aggression Questionnaire. Results show that internalizing and externalizing problematic behaviors are interrelated. Orphans suffered significantly higher levels of depression, loneliness, and aggression than the non-orphans. Girls, low SES adolescents, and urban adolescents faced more problem behaviors than their counterparts. The study offers recommendations for screening, prevention, and intervention of problem behaviors among adolescents.

Keywords: Internalizing and Externalizing Problems, Aggression, Depression, Gender, Loneliness, Orphans

Not all children are blessed enough to receive parental affection and care. Millions of children worldwide lose either or both parents through separation, divorce, or death. A child under the age of eighteen who has lost one or both parents by death is an orphan. Such children are at risk of experiencing a variety of mental health issues that harm the quality of their lives (Mohamed El-Said et al., 2022). Empirical evidence is available on certain psychological problems of orphans in different areas of Pakistan such as Karachi (Lassi et al., 2011); Lahore (Khan et al., 2014); Bahawalpur (Perveen et al., 2022); and Peshawar (Khurshaid et al., 2018). The existing studies have either focused on the personality traits (Khan et al., 2014), emotional intelligence or well-being (Batoool & Shehzadi, 2017); and coping strategies of orphans (Shafiq & Kiani, 2022); or compared institutionalized versus non-institutionalized orphans based on the length of stay at any orphanage (Qamar et al., 2022). Khurshid et al. (2018) examined the prevalence of behavioral problems among orphan adolescents, living in the orphanages in District Peshawar, Pakistan. They found that 33.9% of 360 adolescents reported having behavioral problems.

Adolescence is characterized by heightened vulnerability to psychosocial maladjustment and behavioral health risks. Death of either or both parents is a critical risk factor for the mental health and well-being of adolescents. Jessor and Jessor (2017) proposed a Comprehensive Theoretical Model of Problem Behaviors (CTMPB) that incorporates the protective and risk factors that help or hinder problem behaviors. Internalizing and externalizing problems tend to increase throughout childhood and at their peak during adolescence (Papachristou & Flouri, 2020). Achenbach et al. (2016) dichotomized the problem behaviors in terms of internalizing and externalizing problems. Internalizing problem behaviors are derived from inner psychological distress and an individual becomes depressed, anxious, withdrawn, and isolated. In contrast, externalizing problem behaviors are expressed in outward environments like having conflicts with others, fighting, anger, and aggression. Both problem behaviors are long-term and comorbid which means that one type of problem co-occurs with another type of problem. Early problem behaviors also predict later adjustment issues (Achenbach et al., 2016).

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The present study is designed in light of previous literature particularly, from Lassi et al. (2011) findings about the higher prevalence of behavioral problems among orphan adolescents than among orphan children, living in orphanages in Karachi, Pakistan. Over 33% of 330 orphans suffered from mental health issues (Lassi et al., 2011). Inspiration was also taken from a descriptive study on the types of psychological problems orphan adolescents face. Mohammed et al. (2018) reported that orphans more frequently suffered from depression, aggression, anxiety, and attention problems other than internalizing behavioral problems such as loneliness. About 37.5% of 120 orphans had depression and loneliness, whereas 34.2% of 120 orphans suffered from aggression (Mohammed et al., 2018).

Scholars attempted to extrapolate depression, aggression, and loneliness among orphan adolescents. Research shows that orphans scored significantly lower on emotional intelligence and psychological well-being than non-orphans (Batool & Shehzadi, 2017). The institutionalized orphans were found to be more aggressive and had a more negative worldview than both non-orphans and non-institutionalized orphans in a comparative study of equal-sized groups of 240 orphans (Khan et al., 2014). Particularly, those orphans who stayed for more than 12 years in an orphanage had a higher frequency and prevalence of internalizing and externalizing problematic behaviors than their counterparts (El-Slamoni & Hussien, 2019). Thus, institutionalization and a longer stay of an orphan in an orphanage are related to more problems. Past literature has evidence of some comparative studies. A study with 150 orphan adolescents and 150 non-orphan adolescents reported significantly higher levels of depression, stress, and anxiety among orphans than non-orphans (Shafiq et al., 2020). Later, Shafiq and Kiani (2022) compared the levels of mental health problems such as depression, anxiety, and stress between 100 non-institutionalized orphans and 100 non-orphans. On average, orphans exhibited higher scores in depression, anxiety, and stress as compared to non-orphans. In other terms, orphans suffer from severe to high depression, anxiety, and stress as compared to mild depression, moderate anxiety, and normal stress among non-orphans. Adolescents and adults between 15 to 25 years had higher levels of stress, anxiety, and depression in case of having both parents dead than being single orphans (Shafiq & Kiani, 2022). Another study with 80 orphan adolescents found that half of the total participants had moderate levels of anxiety and depression (Mohamed El-Said et al., 2022). Qamar et al. (2022) found that Pakistani adolescent orphans residing in orphanages suffer from behavioral and emotional problems and use maladaptive coping strategies. The findings reveal that 34.9% (38) of adolescents were rated as having psychological problems whereas 22.9% (25) were on borderline and 42.2% (46) were found as normal emotional and behavioral characteristics. On individual scales, the most prevalent problem was conduct (25.7%) followed by peer problems (24.8%), emotional instability (18.3%), hyperactivity (17.4%), and prosocial behavior (11%) (Qamar et al., 2022).

The experiences of internalizing and externalizing problematic behaviors are more associated with the female gender. A study reported that orphan girls were more aggressive than orphan boys and orphan boys were more depressive than orphan girls (Elnaser et al., 2013). The reason can be that girls are more emotional and they can't handle problems accurately, particularly, orphan girls are more likely to suffer from such behavioral problems as compared to non-orphans. El-Slamoni and Hussien (2019) found that 79.6% of 94 adolescent orphan girls in Egypt reported having depression. Likewise, Shafiq et al. (2020) compared gender differences between orphans and non-orphans and found that orphan girls had higher mean scores on depression and social anxiety i.e., loneliness than orphan boys. A group of researchers found that orphan boys scored higher on aggression and conduct problems whereas orphan girls scored higher on emotional

problems and were lonelier (Qamar et al., 2022). Another study reported a higher level of anxiety among orphan girls and higher depression among orphan boys (Perveen et al., 2022). Shuja (2023) compared 515 boys and 485 girls for the level of happiness and found non-orphan adolescents at higher levels of happiness than orphans. Among orphans, boys enrolled in private orphanages were happier than those in government orphanages and counterpart girls (Shuja, 2023).

Jessor and Jessor (2017) considered the family socioeconomic status of adolescents as a precondition affecting problem behaviors. Elnaser et al. (2013) study shows that the middle SES orphans had higher levels of depression, aggression, anxiety, and stress than low and high SES counterparts. Moreover, orphan adolescents from low socioeconomic family backgrounds had higher aggression than those from high SES families.

The advantaged family background is a protective factor for adolescents' behavioral regulation whereas the adolescents from the disadvantaged families are more likely to experience problem behaviors. A study found higher externalizing and internalizing psychopathology among adolescents from lower SES families as compared to adolescents from high SES families (McNeilly et al., 2021). Perveen et al. (2022) reported higher psychological distress among middle-class orphans living in Bahawalpur, Pakistan.

Limited empirical studies could be traced on the effect of residential areas on the problem behaviors of orphans. The living conditions, favorability of residential areas, and advantaged or disadvantaged neighborhoods mark differences between rural versus urban areas that influence youth behavioral development. Reijneveld et al. (2010) examined the effects of area deprivation on adolescents' problem behaviors by comparing rural areas, mixed areas, and urban areas in the Netherlands. They found that adolescents in the deprived areas than in the favorable areas had more frequent problem behaviors, particularly, in the deprived intermediate or the mixed rural and urban areas. Contrarily, Karki et al. (2015) found in their study with above 400 rural and urban adolescents in Nepal that urbanicity was more closely related to the prevalence and intensity of problem behaviors among adolescents in the age range of 12–18 years. The problem behaviors were significantly lower among the rural adolescents than the urban adolescents.

Significance of the Study

Family relationships play a facilitative or debilitating role in determining the positive behavioral development of adolescents. It is important to examine how the presence or absence of parental care and protection affect adolescents' behavioral adjustment. Previous literature shows a high prevalence of internalizing and externalizing problematic behaviors among orphans; therefore, depression, aggression, and loneliness are chosen as study variables. The behavioral profiles of those with dead parents are different from those living in intact families. The present study aims to compare the internalizing and externalizing problematic behaviors of orphan adolescents against non-orphan adolescents. Socio-demographic differences based on gender, socio-economic status, and residential area are also investigated.

The following hypotheses are formulated for the present study.

1. There will be a positive intercorrelation between the internalizing and externalizing problematic behaviors of adolescents.

2. Orphan adolescents will have higher internalizing and externalizing problems than non-orphan adolescents.
3. Girls, low SES, and rural adolescents will have more internalizing and externalizing problematic behaviors than their counterparts.

Method

Research Design

The present research utilized correlational comparative quantitative research design.

Participants

The target population of the present study is institutionalized and non-institutionalized orphans. A sample of 150 orphans was purposively selected from five orphanages in District Haripur among whom 21 orphans were non-institutionalized and contacted in their homes. An equal number of a comparison group of non-orphans was selected from two middle schools and one high school. There were 181 adolescent boys and 119 adolescent girls who belonged to the low socioeconomic class ($n=174$) and middle ($n=126$) socioeconomic class. They were living in rural ($n=115$) and urban ($n=185$) areas of Haripur. The district government's official demarcation was used to choose different residential areas.

The inclusion criteria for all participants were being in the age range of 12-18 years ($M=15.6$; $SD=3.61$). The inclusion criteria for orphan adolescents included having either or both parents dead. The exclusion criterion for orphan adolescents was having any physical or mental illness and belonging to a broken family through divorce or separation. The rationale for excluding handicapped and retarded adolescents from participation was to measure the variables of interest in the targeted population with better control of other variables that can affect their internalizing and externalizing problem. The inclusion criteria for non-orphan adolescents were having both parents alive and living together as an intact family, other than being enrolled in a public or private middle and high school in district Haripur.

Measures

For internalizing problems Beck Depression Inventory (1961) and UCLA Loneliness Scale (1996) were used and externalizing problems Buss-Perry Aggression Questionnaire was used.

Beck Depression Inventory (BDI)

Beck et al. (1961) developed a 21-item self-report measure to assess the severity of depression in normal and psychiatric populations. Each item expresses a symptom of depression and scored from 0-3. The total score ranges between 0-63. The severity of depression is determined based on a score range such as 0-9 is minimal, 10-18 is mild to moderate, 19-29 is moderate to severe, and 30-63 is severe depression.

UCLA Loneliness Scale

Russell et al. (1996) developed this scale to gauge one's feelings of loneliness. this 20-item scale has four response options ranging from "never" to "often" that are scored from 1-4. The total score ranges between 20-80. The score between 20-34 denotes a low degree of loneliness, 35-49 a moderate degree of loneliness, 50-64 a moderately high degree of loneliness, and 65-80 a high degree of loneliness.

Buss-Perry Aggression Questionnaire (BPAQ)

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Buss and Perry (1992) developed this questionnaire to measure one's level of aggression. This measure has 29 items across four subscales: Physical Aggression (PA), Verbal Aggression (VA), Anger (A), and Hostility (H). Five-point Likert scale has response options of “*extremely uncharacteristic*” (1) to “*extremely characteristic*” (5). A total score is the sum of subscale scores and ranges between 29 and 145. A score within the range of 29-64 represents a low to moderate level of aggression, a score within the range of 65-94 represents a moderate to high level of aggression, and a score above 95 represents a high to severe level of aggression.

Procedure

The orphanages and schools granted formal permission for data collection. All the participants were informed about the purpose of this study and willingness was ensured. Permission letters were written to guardians of orphans and parents of non-orphans one month in advance. Data was collected in Fall 2020. The questionnaires were administered in a group setting with the standard instructions except for those orphans who were individually contacted in their homes. Participants took 25 minutes on average to respond to three measures. They were assured of the confidentiality and use of their information only for research purposes.

The collected data were analyzed in Statistical Package for the Social Sciences (SPSS) version 27. Preliminary analysis included testing the reliability of the scales, descriptive statistics, and correlation among study variables to examine the strength of relationships between self-esteem and academic achievement indicators. Four t-test analyses were performed to compare and contrast group differences in internalizing problem behavior and externalizing problem behavior among orphans versus non-orphans, boys versus girls, low SES versus middle SES, and rural versus urban participants.

Results

The present study aimed to compare the level of internalizing and externalizing problematic behavior of orphans and non-orphans. Differences in the study variables were also examined based on the socio-demographic variables of gender, socioeconomic status, and residential status of orphan and non-orphan adolescents. All three measures have satisfactory internal consistency. The Beck Depression Inventory has a .90 reliability, the UCLA Loneliness Scale has a .91 reliability, and the Buss-Perry Aggression Questionnaire has a .94 reliability.

Table 1

Descriptive Statistics and Correlation of Study Variables

No.	Variables	<i>M</i>	<i>SD</i>	Min	Max	1	2
1.	Depression	33.77	14.47	8	55	-	
2.	Loneliness	32.40	12.49	1	60	.77**	-
3.	Aggression	81.50	25.97	47	117	.79**	.91**

** $p < .01$.

Table 1 shows the descriptive statistics and correlation coefficients of the study variables. Adolescents' mean score on the Beck Depression Inventory is 33.77 ($SD = 14.46$), which is in the range of severe depression. Whereas adolescents' mean score ($M = 32.40$; $SD = 12.49$) on the UCLA Loneliness Scale is interpreted as a moderate degree of loneliness for being between 35 and 49. Adolescents, on average, have moderate to high levels of aggression ($M = 81.50$; $SD = 25.97$). Findings show that Pearson's correlation coefficients for the study variable are

significantly positive at the alpha level .01. Depression is positively correlated with loneliness ($r = .77^{**}$) and aggression ($r = .79^{**}$). An interesting observation is the positive intercorrelation between loneliness and aggression ($r = .91^{**}$) at the .01 alpha level, which means that lonely adolescents are aggressive in their social interactions. These findings affirm that internalizing and externalizing problematic behaviors are interrelated, and an increase in one type of problem behavior escalates another type of problem behavior. Thus, hypothesis 1 is supported.

Table 2

Mean, Standard Deviation, and t-values of Orphans and Non-orphans on Depression, Loneliness, and Aggression (N = 300)

Variables	Orphans (n=150)	Non-orphans (n=150)	t(298)	p	95% CI		Cohen's d
	M(SD)	M(SD)			LL	UL	
Depression	45.30(4.45)	22.24(11.51)	22.88	.00	21.07	25.04	2.64
Loneliness	51.87(5.81)	21.93(6.77)	53.45	.00	37.49	40.36	6.10
Aggression	106.49(7.93)	56.52(5.85)	62.10	.00	48.38	51.55	7.17

$^{**}p < .01$. Note. The standard deviations are presented in parentheses.

The orphans are compared with non-orphans for scores on internalizing and externalizing problematic behaviors. Table 2 displays the results of the *t*-test for measuring differences in depression, loneliness, and aggression. The values of *t*-tests show extremely significant group differences between orphans and non-orphans on the Beck Depression Inventory, the UCLA Loneliness Scale, and the Buss-Perry Aggression Questionnaire. Orphans scored twice as high as non-orphans on all three variables that allude to the presence of problem behaviors among orphans. According to Cohen's *d* value, the effect size of depression is small and the effects of loneliness and aggression are both large. These findings fully support the hypothesis that orphan adolescents have higher internalizing and externalizing problems than non-orphan adolescents.

Table 3

Mean, Standard Deviation, and t-values of Boys and Girls on Depression, Loneliness, and Aggression (N = 300)

Variables	Boys(n=181)	Girls(n=119)	t(298)	p	95% CI		Cohen's d
	M(SD)	M(SD)			LL	UL	
Depression	28.31(14.47)	42.08(9.76)	-9.09	.00	-16.7	-10.7	1.11
Loneliness	23.00(17.80)	46.69(15.45)	-11.87	.00	-27.6	-19.7	1.42
Aggression	69.39(23.05)	99.19(18.22)	-12.15	.00	-35.4	-25.5	1.43

$^{*}p < .05$.

Gender differences in the levels of depression, loneliness, and aggression are examined between orphan and non-orphan adolescents. Boys are used as a reference category and dummy-coded as 0. The mean, standard deviation, and *t*-test values in Table 3 exhibit that girls, on average, scored higher than boys on problem behaviors. The Cohen's *d* values indicate very large effect sizes for all variables. The presence of significant gender differences in all variables supports the hypothesis, favoring boys for lesser problems.

Table 4

Mean, Standard Deviation, and t-values of Low SES and Middle SES on Depression, Loneliness, and Aggression

Variables	Low (n=174)	Middle (n=126)	<i>t</i> (298)	<i>P</i>	95% CI		Cohen's <i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			LL	UL	
Depression	38.59(12.30)	27.11(14.63)	7.36	.00	8.41	14.5	0.84
Loneliness	40.26(19.43)	21.55(16.64)	8.73	.00	14.4	22.9	1.03
Aggression	92.32(23.78)	66.57(21.05)	9.70	.00	20.5	30.9	1.14

Group comparisons are made for participants based on socioeconomic class. Adolescents belonged to the low SES ($n = 174$) and middle SES ($n = 126$). The low-SES adolescents were used as a reference group and dummy-coded 0. The results of the *t*-test in Table 4 display the presence of significant mean group differences between low-SES and middle-SES adolescents. Adolescents from low-SES backgrounds have more depression and loneliness than their counterparts from middle-SES backgrounds. The average loneliness scores of low SES adolescents ($M = 40.26$; $SD = 19.43$) were twice as high as those of middle SES adolescents ($M = 21.55$; $SD = 16.64$). The mean scores of middle SES adolescents on aggression ($M = 66.57$; $SD = 21.05$) are two-thirds of the scores of low SES adolescents ($M = 92.32$; $SD = 23.78$). The Cohen's *d* values indicate large effect sizes for all variables and these findings support the hypothesis that low SES adolescents will have more internalizing and externalizing problematic behaviors.

Table 5

Mean, Standard Deviation, and t-values of Rural and Urban on Depression, Loneliness, and Aggression

Variables	Rural (n=115)	Urban (n=185)	<i>t</i> (298)	<i>P</i>	95% CI		Cohen's <i>d</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)			LL	UL	
Depression	31.60(15.24)	35.12(13.83)	-2.05	.04	-6.8	-.15	0.24
Loneliness	28.32(20.52)	34.94(20.11)	-2.74	.006	-11.3	-1.8	0.32
Aggression	76.97(26.24)	84.32(25.47)	-2.40	.01	-13.3	-1.3	0.28

The mean group differences in the study variables are computed based on adolescents' residential areas. The rural category was used as a reference group. Findings in Table 6 display the presence of significant group differences, showing that adolescents living in urban areas have relatively higher scores on depression, loneliness, and aggression than those living in rural areas at the alpha level .01. The Cohen's *d* values indicate a small effect size of residential area for depression and aggression, and a small to medium effect size for loneliness. This finding does not support the hypothesis.

Discussion

The present study is undertaken to compare the levels of depression, loneliness, and

aggression among orphans and non-orphan adolescents. The demographic differences related to gender, socioeconomic status, and residential area of the participants are also examined. Adolescence is a stressful period in which adjustment issues are at their peak. Adolescents are emotionally and behaviorally more vulnerable to experiencing personal and social problems than children and adults. Therefore, the target population of the present study is the comparison of adolescents with living or dead parents. Adolescents' average scores on depression and aggression are high to severe which flag high risks to the mental health of the youth. They also reported being moderately lonely on average. The mean scores on all three variables are centering the extreme scores of adolescents, masking adolescents' high vulnerability to poor psychological health. Another high point is the strong positive intercorrelation among all three problem behaviors. Adolescents who experienced severe depression were lonely and aggressive, and those who were lonely also reported high levels of depression and aggression.

In light of the Comprehensive Theoretical Model of Problem Behaviors (CTMPB), it is hypothesized that orphans will have more internalizing and externalizing problems as compared to non-orphans. The findings provide empirical support for the theory confirming the presence of heightened problem behaviors among orphans rather than non-orphan adolescents. Findings related to the level of depression between orphan and non-orphan adolescents revealed that orphans have severe depression whereas non-orphans have moderate to severe depression. The average depression score of non-orphans is less than half of the average depression score of orphans. This finding shows an overall high prevalence and intensity of depression among adolescents.

Findings related to the level of loneliness between orphan and non-orphan adolescents revealed that orphans on average, have a score of 51.87, which lies in the range of moderately high loneliness and non-orphans have an average score of 21.93 touches the lowest limit in the score range of 20-80 and can be interpreted as no or low level of loneliness. Findings related to the level of aggression between orphan and non-orphan adolescents reveal that orphans have severe aggression and non-orphans have low aggression as their average score ($M = 56.52$) lies in the range of 29-64. Orphans scored twice as high as non-orphans on the display of aggression. The large effect sizes expressed via Cohen's d values also reveal significant group differences between orphans and non-orphans. This result of the study matches with the previous literature such as Mohammed et al. (2018) reported that orphans more frequently suffered from depression, aggression, and loneliness than those who have living parents. Shafiq et al. (2020) also found a higher level of depression among orphans than the non-orphans.

The third hypothesis assumes the presence of significant differences based on gender, socioeconomic status, and residential area of orphans versus non-orphans on the Beck Depression Inventory, UCLA Loneliness Scale, and Buss-Perry Aggression Questionnaire. Findings in Table 3 show significant gender differences on all three measures favoring boys for low scores on problem behaviors. The hypothesis is supported and adolescent girls were more depressed, lonely, and aggressive than their counterparts. The t -test values show significant group differences and the Cohen's d values indicate high effect sizes. The reason why girls face more internalizing and externalizing problems can be the male-dominating Pakistani society and frequent suppression of girls, or inherently higher emotionality and poorer problem-solving among girls than boys. This finding is consistent with El-Slamoni and Hussien (2019) who found that orphan girls experience more behavioral problems as compared to non-orphans.

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The third hypothesis assumes socioeconomic differences in the study variables and states that low SES adolescents will experience more internalizing and externalizing problematic behaviors. Results support the hypothesis, providing empirical evidence for the higher scores of low SES adolescents on the measures of depression, loneliness, and aggression than middle SES adolescents. The reasons why adolescents from disadvantaged families have a high risk of developing psychopathology and adjustment issues are the scarcity of social, economic, and human resources. Their parents are less educated and have low-paying jobs. The family stressors, maladaptive behavioral regulation, and poor coping mechanisms make low SES adolescents more vulnerable to face problem behaviors. McNeilly et al. (2021) reported that problems in executive functioning and inhibitory control are the underlying causes for the association between a family's low SES and internalizing and externalizing problems among adolescents.

Last, the impact of the residential areas on adolescents' experience of problem behaviors was examined. It was assumed that rural adolescents would have more internalizing and externalizing problematic behaviors than their counterparts. Unexpectedly, the findings were the other way around showing that urban adolescents have significantly higher scores on problem behaviors than rural adolescents. The potential reason could be the exposure of urban adolescents to varied risks, requiring greater supervision. The premise of the hypothesis is relatively poor living conditions, unemployment, low average income, and lack of facilities in rural areas that make youth more vulnerable to experiencing problems. This finding highlights the impact of residential differences in the study variables and empirical support to Reijneveld et al. (2010) study on area deprivation and Karki et al. (2015) study on the comparison of problem behaviors between rural and urban adolescents.

A strength of the study is to shed light on the problem behaviors of orphans against a comparison group of non-orphans living in District Haripur. The researchers collected data with care to maintain the reliability of research data. The screening about a high prevalence of depression among participants invites the attention of parents, teachers, and health care providers to timely administer interventions for the eradication of such personal and social issues. More research needs to be planned to find out the factors that can decrease the internalizing and externalizing problems in orphans. The use of only the quantitative method and self-report measures can result in response bias. Future studies should opt for qualitative interviews, mixed methods research, and other reports to gain more insight into the difficulties of orphans. Given the high vulnerability of orphans, it was challenging and time-consuming to seek institutional approval from orphanage managers and consent from the guardians of orphans.

Conclusion

Orphan adolescents are a high-risk population and missing parental protection makes them vulnerable to multiple problems. They experience both internalizing and externalizing problems to a higher degree than their counterparts living with both parents in intact families. The overall finding of the present study alerts that adolescents in district Haripur are suffering from severe depression and a moderate to high level of aggression. However, loneliness is at a moderate degree. It implies that internalizing and externalizing problematic behaviors are comorbid and interrelated which, unfortunately, creates a problem behavior syndrome. The early detection and prevention of such issues can save youth from stepping into adulthood with ongoing internalizing and externalizing problematic behaviors.

Implications

In light of the study findings, screening, prevention, and intervention of the problem

behaviors and general awareness for the support of suffering adolescents are presented. It is rudimentary to screen more adolescents with behavioral and emotional problems. Those in need of help should be offered psychological support through counseling and psychotherapy. The administrators, teachers, counselors, and health care service providers should be trained to screen out and monitor the depressive, lonely, and aggressive adolescents in orphanages, schools, and other contexts. Diagnostic and preventive programs should be launched for the caregivers of orphans and non-orphans so that they can timely identify and treat such issues.

Moreover, interventions and educational-therapeutic programs should be designed and implemented to deal with problem behaviors. The redressal of problem behaviors at a large scale can be enforced if the media could sensitize the community and spread awareness to support adolescents affected by depression, loneliness, and aggression. The government should also create platforms for the protection of the positive mental health of youth from sweeping problems.

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